

	<p>Massachusetts Department of Correction</p> <p>Visitor Application</p> <p>Attachment I</p> <p><i>in accordance with 103 CMR 483</i></p> <p>Department of Correction Visiting Policy</p>	
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Institution:	Address:
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Inmate's Name:	Inmate's Number:
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Read Carefully: All questions must be answered under penalties of perjury pursuant to M.G.L 127 § 36. Any omissions or falsifications shall be considered sufficient disapproval for visitation. Please complete all fields and provide a current photographic identification with the application or it will not be processed. Return this form to the superintendent of the above noted institution.

For this application to be processed, you must currently be on the inmate visitor list submitted by the offender.

Name:	<i>Last</i>	<i>First</i>	<i>Middle</i>
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Mother's maiden name:	<i>Last</i>	<i>First</i>	<i>Middle</i>
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Father's name:	<i>Last</i>	<i>First</i>	<i>Middle</i>
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Previous name/Alias:	<i>Last</i>	<i>First</i>	<i>Middle</i>
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Address:	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Telephone Number:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
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Date of Birth:	Place of birth:
	<i>City</i> <i>State</i>

ID/Driver's License Information:	
	<i>(State)</i> <i>(Number)</i>

Relationship to Inmate:	
	<i>(i.e. Wife, Son, Daughter, etc.)</i>

Are you currently on the visiting list of an inmate confined in the Massachusetts Department of Correction? Yes ☐ No ☐

If yes, what is his/her name: _____ Number: _____ Relationship: _____

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, please fill out the information below:

OFFENSES (S)

Date of Conviction	Court	Charge (s)	Disposition*

*Disposition should include length of sentence imposed, probation, filed, dismissed, etc.

Date of release from most recent:

Incarceration: _____ (Specify institution) _____

Parole: _____ Probation: _____

NOTE:

If you are currently on parole or probation, you must enclose a letter from your supervisor verifying that visiting a correctional facility is not a violation of your parole/probation.

Is this application part of an Offender Reentry Program? Yes ☐ No ☐ If yes, which program? _____

Are you now or have you ever been an employee, contractor, intern or volunteer of the Massachusetts Department of Correction or any County Correctional Facility?

Yes ☐ No ☐ If yes, when and where: _____

Are you the victim or have you ever been the victim, family member of a victim or registered with the Criminal History Systems Board to receive notifications concerning the offender you are requesting to visit or any inmate currently in custody?

Yes ☐ No ☐ If yes, who and when: _____

Do you currently have an active restraining order filed against this inmate? Yes ☐ No ☐

Does the inmate currently have an active restraining order filed against you? Yes ☐ No ☐

NOTE: If you are required to keep life saving medication (nitroglycerine, inhalers, and glucose tabs) on your person or currently have a medical condition that requires you to enter with a medical device or that prevents a metal detector search, please submit your medical documentation with this Visitation Application.

Your Signature: _____

Date: _____

Email: _____ I agree to be notified via email: Yes ☐ No ☐

Approved: ☐

Denied: ☐

Superintendent/Designee: _____

Date: _____

Signature